

RURAL DISTRICT OF WAKEFIELD

1964
annual report

Medical Officer of Health
GEOFFREY IRELAND, B.Sc., M.B., B.Ch., D.P.H.

Public Health Inspector
E. HEALD, M.R.S.H.

R U R A L D I S T R I C T O F W A K E F I E L D

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1964



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WAKEFIELD RURAL DISTRICT COUNCIL

PUBLIC HEALTH COMMITTEE

1964 — 1965

Chairman

Councillor E. Crossley

Vice-Chairman

Councillor B. A. Hardcastle

Councillors

C. J. Kirk

A. Mellor

R. E. Cooper

F. W. Middleton

C. Darwell

J. H. Milne, D.P.A.

H. E. Elsley

T. W. Newton

J. T. Foley, J.P.

P. Nussey

C. W. Hooley

W. Sandham

W. Howley

PUBLIC HEALTH STAFF

WAKEFIELD RURAL DISTRICT.

**Medical Officer of Health.
and Divisional Medical Officer.**

William M. Douglas, M.B., Ch.B., D.P.H. (Acting
M.O.H. 1.12.63—8.3.64).

Geoffrey Ireland, B.Sc., M.B., B.Ch., D.P.H. (Appointed
9.3.64).

**Deputy Medical Officer of Health.
and Senior Assistant County Medical Officer.**

Barbara Briggs, M.B., Ch.B., D.P.H.

Chief Public Health Inspector.

E. Heald, M.R.S.H.

Additional Public Health Inspector.

A. M. Barker, M.A.P.H.I.

Student Public Health Inspector.

J. Robinson.

Public Health Inspector's Clerk.

Mrs. R. Reynolds

WEST RIDING COUNTY COUNCIL.

Health Division 13

**Assistant County Medical Officers and School Medical
Officers.**

Irene Hargreaves, M.B., Ch.B.

Binayendra Banerjee, M.B., B.S., D.T.M. & H., M.R.C.P.
(Appointed 1.4.64. Resigned 11.11.64).

Divisional Nursing Officer.

Miss A. Seelig, S.R.N., S.C.M., H.V. Certificate,
Q.N., Admin. Cert. (Public Health Nursing) R.C.N.

Health Visitors.

Mrs. B. E. Clayton, S.R.N., S.C.M., H.V. Certificate.
 Mrs. E. Driver, S.R.N., S.C.M., H.V. Certificate.
 Mrs. A. H. Humphries, S.R.N., S.C.M., H.V. Certificate
 Mrs. J. Pearson, S.R.N., S.C.M., H.V. Certificate

Midwives.

Miss M. Campbell, S.R.N., S.C.M.
 Miss B. B. Fearon, S.R.N., S.C.M.
 Mrs. J. Renshaw, S.R.N., S.C.M.
 Miss A. C. Revely, S.R.N., S.C.M.

Home Nurses.

Miss O. Gardner, S.R.N., S.C.M., Queen's Nurse.
 Mrs. M. R. Higgins, S.R.N., Queen's Nurse.
 Mrs. L. Jackson, S.R.N., S.C.M.
 Mrs. T. Pickersgill (Relief Nurse), S.R.N., Queen's Nurse
 Mrs. A. G. M. Wagstaff, S.R.N., Queen's Nurse.

Senior Mental Welfare Officer.

A. Emmerson.

Mental Welfare Officers.

Mr. H. H. Robinson, R.M.P.A., R.M.N., M.S.M.W.O
 Mrs. E. I. Jones, M.S.M.W.O.

Junior Training Centre—Ossett.

Mrs. A. Ellis, N.A.M.H. Diploma—Supervisor
 Mrs. I. Ellis (Appointed 1.6.64).
 Mrs. A. Driver (Resigned 31.5.64).
 Mrs. M. E. Norman

Senior Training Centre—West Ardsley.

Miss I. Beaumont, N.A.M.H. Diploma—Supervisor.
 Miss G. Burlison, N.A.M.H. Diploma.
 Mrs. B. Huntrods, N.A.M.H. Diploma.
 Mrs. K. M. Poyner, S.E.N.
 Miss G. Thornton.
 Mrs. E. Wright (Appointed 24.9.64).
 Mr. B. K. Brook
 Mr. M. Grange (Appointed 5.10.64).
 Mr. R. Rattray (Appointed 26.10.64).

Speech Therapist.

Miss G. M. Carr, L.C.S.T. (Resigned 31.8.64).

Chiropodist.

W. S. Fraser, Registered Medical Auxiliary (Part-time).

Child Guidance Service.

Dr. E. Atkinson, M.B., Ch.B., D.Obst., R.C.O.G.,
 D.P.M. (Resigned 30.9.64).
 Dr. K. N. Maxwell, M.B., Ch.B. (Appointed 1.11.64).
 G. E. Skinner, P.S.W. (Resigned 9.11.64).
 J. B. Mannix, M.Ed. Psychologist (Appointed 1.12.64).
 Mrs. J. M. Spurr, P.S.W. (Appointed 2.11.64).

Chief Clerk.

A. Wright, D.M.A., D.P.A.

Clerical Staff.

J. A. H. Lane, D.P.A. (Deputy Chief Clerk).
 A. C. Attack (Appointed 16.11.64).
 D. Gamble (Resigned 19.7.64).
 D. Leach.
 C. C. Roberts.
 P. M. Sheard.
 Miss C. Brennan.
 Mrs. G. Burton (Part-time).
 Mrs. L. Crofton (Part-time).
 Miss K. Edmondson.
 Mrs. M. E. Kilburn.
 Mrs. J. Mell.
 Miss R. M. Morris
 Miss M. G. Shackleton.
 Mrs. M. Thornburn.
 Mrs. M. Wingett (Part-time).

LEEDS REGIONAL HOSPITAL BOARD.**Consultant Staff.****Ear, Nose and Throat Surgeon.**

T. B. Hutton, F.R.C.S.

Chest Physician.

J. K. Scott, M.B., Ch.B., M.R.C.P., D.P.H.

School Ophthalmologist.

K. K. Prasher, M.B., B.S., D.O.

Paediatricians.

J. D. Pickup, M.D., D.P.H.

C. S. Livingstone, M.B., B.S., M.R.C.P., D.P.H.

Orthopaedic Surgeon.

Miss M A. Pearson, F.R.C.S.

Divisional Health Office,
Windsor House,
Queen Street,
Morley.

August, 1965.

To the Chairman and Members of the Wakefield Rural District Health Committee.

Mr. Chairman, Gentlemen,

I have pleasure in submitting my Annual Report for 1964.

Dr. Banerjee resigned on the 11th November, 1964, and his post remained vacant until the 1st April, 1965, when Dr. R. D. Hall was appointed.

For the first time the Division has a full Child Guidance Team consisting of Dr. K. N. Maxwell, the psychiatrist, Mr. J. B. Mannix, the psychologist, and Mrs. J. M. Spurr, the psychiatric social worker.

From the vital statistics it will be seen that the Birth Rate continues at a high level with 20.4 births per thousand of the population. This year there were 11 infant deaths, a decrease of five from last year. Of these eleven deaths, six occurred in the first week of life, but only one was a home confinement. This particular infant was delivered by the general practitioner and was admitted immediately to hospital where death occurred at the age of twelve hours due to prematurity. There were five stillbirths and all of them occurred in hospital. Twenty-five illegitimate births occurred in 1964, the same number as in 1963.

The major cause of death was heart disease which caused 76 out of the 218 deaths which occurred in 1964. Cerebral haemorrhage and thrombosis caused 32 deaths, cancer 27 deaths (four of which were due to lung cancer) and bronchitis was responsible for 15 deaths.

There were again no notifications of either poliomyelitis or diphtheria and one wonders whether in a few years time I shall be able to report the same state of affairs in the case of measles, following the general use of the new measles vaccine. This vaccine appears to give a high degree of protection in trials conducted in this Division because up until the time of writing this report no case of measles had been notified in a vaccinated child.

I should like to mention the Aberdeen typhoid epidemic which occurred in May and June of 1964. This epidemic was caused by an imported infected tin of corned beef which was sliced in a shop and sold loose. Other cold meats became contaminated by the use of the same slicer and multiplication of the typhoid organism occurred in these cold meats which were stored in an uncooled display case exposed to sunshine.

That this disease became epidemic and that a store was involved which the Committee of Enquiry considered to be above average in matters of hygiene, should make us all pause and consider the existing practices in many food shops today. Much more must be done in raising the standard of food hygiene, not only by statutory action but also by members of the public refusing to accept food which is not hygienically handled.

I should like to thank you, Mr. Chairman, and Members of the Committee for your support and co-operation during the year.

GEOFFREY IRELAND.

Medical Officer of Health.

STATISTICS

Area	21,344 acres
Population: Census 1961	20,211
Registrar General's Estimate of Resident Population mid 1964	21,610
No. of dwelling houses	7,126
Rateable Value	£548.717
Product of a penny rate	£2,183 8s. 5d.

Summary of Vital Statistics

	Total	M.	F.	
Live Births:				Birth-rate per 1,000 of the estimated resident population 20.4
Legitimate	415	222	193	
Illegitimate	25	10	15	
Still-Births:				Rate per 1,000 (live and still-births) 11.2
Legitimate	5	2	3	
Illegitimate	—	—	—	
Total Births:				
Legitimate	420	224	196	
Illegitimate	25	10	15	
Deaths	218	122	96	Death-rate per 1,000 of the estimated resident population 10.1

Maternal Mortality.

There were no maternal deaths.

Infant Mortality.

Eleven infants under the age of twelve months died during 1964, giving an infant mortality rate of 25.0 per 1,000 live births.

The following table gives the cause of death of these infants:—

Cause of Death	No. of infants dying in				
	1st week	2nd wk.	3rd wk.	4th wk.	5-52 weeks
Prematurity	3	—	—	—	—
Haemorrhage	—	1	—	—	—
Broncho-Pneumonia	1	—	—	—	2
Gastro Enteritis	—	1	—	—	1
Intestinal Obstruction	1	—	—	—	—
Anencephalic	1	—	—	—	—

Infant Mortality Rate

Total infant deaths per 1,000 live births	25.0
Legitimate infant deaths per 1,000 legitimate live births	26.5
Illegitimate infant deaths per 1,000 illegitimate live births	0.0

Neo-Natal Mortality Rate.

Deaths under four weeks per 1,000 total live births	18.2
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Early Neo-natal Mortality Rate.

Deaths under one week per 1,000 live births	13.6
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Perinatal Mortality Rate.

Still births and deaths under one week combined per 1,000 total live and still births	24.7
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CAUSE OF DEATH — WAKEFIELD R.D.

Cause of Death	1962			1963			1964		
	M	F	Total	M	F	Total	M	F	Total
1. Tuberculosis of respiratory tract	1	—	1	—	—	—	—	—	—
2. Other forms of Tuberculosis	—	—	—	—	—	—	—	—	—
3. Syphilitic Diseases	—	—	—	—	—	—	—	1	1
4. Diphtheria	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections ..	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic diseases	—	—	—	—	—	—	1	1	2
10. Malignant Neoplasm—Stomach	3	2	5	4	—	4	3	4	7
11. Malignant Neoplasm—lung and bronchus	3	—	3	9	2	11	4	—	4
12. Malignant Neoplasm—Breast	—	2	2	—	1	1	—	3	3
13. Malignant Neoplasm: Uterus	—	—	—	—	1	1	—	—	—
14. Other Malignant and Lymphatic Neoplasms	12	8	20	9	4	13	6	6	12
15. Leukaemia and Aleukaemia	1	2	3	—	—	—	—	1	1
16. Diabetes	—	2	2	1	—	1	—	1	1
17. Vascular lesions of nervous system	16	19	35	8	18	26	18	14	32
18. Coronary disease: Angina ..	26	17	43	30	16	46	30	17	47
19. Hypertension with heart disease	1	3	4	2	2	4	1	3	4
20. Other Heart Disease	14	15	29	11	20	31	14	11	25
21. Other Circulatory Disease...	6	7	13	8	8	16	3	3	6

CAUSE OF DEATH—WAKEFIELD R.D. (continued)

Cause of Death	1962			1963			1964		
	M	F	Total	M	F	Total	M	F	Total
22. Influenza	—	—	—	—	2	2	—	—	—
23. Pneumonia	5	5	10	7	2	9	4	5	9
24. Bronchitis	11	3	14	14	3	17	10	5	15
25. Other diseases of respiratory system	—	—	—	1	1	2	2	—	2
26. Ulcer of stomach and duodenum	1	1	2	2	1	3	1	—	1
27. Gastritis, Enteritis and Diarrhoea	—	—	—	—	1	1	1	2	3
28. Nephritis and Nephrosis	2	—	2	—	—	—	—	2	2
29. Hyperplasia of prostate	—	—	—	1	—	1	—	—	—
30. Pregnancy, Childbirth and Abortion	—	—	—	—	—	—	—	—	—
31. Congenital malformations ...	3	—	3	1	4	5	2	—	2
32. Other defined and ill- defined diseases	11	4	15	10	9	19	11	9	20
33. Motor vehicle accidents ...	3	—	3	4	2	6	4	3	7
34. All other accidents	4	2	6	4	3	7	5	3	8
35. Suicide	1	—	1	—	—	—	2	2	4
36. Homicide & operations of war	—	—	—	—	—	—	—	—	—
Total all Causes	124	92	216	126	100	226	122	96	218

ANALYSIS OF DEATHS IN AGE GROUPS

Under 1		1 — 5		6—15		16—25		26—35		36—45		46—55		56—65		66—75		Over 75		Total	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
7	4	1	—	1	1	7	1	1	1	8	2	11	4	22	19	34	20	30	44	122	96

**PRINCIPAL VITAL STATISTICS FOR THE YEAR 1964. Based on the Registrar-General's figures.
COMPARISON WITH OTHER AREAS.**

	Wake- field R.D.	Morley M.B.	Horbury U.D.	Ossett M.B.	Aggregate West Riding Rural Dis.	West Riding Admin. Cty	England and Wales (Prov- isional Figs.)
Birth Rate (per 1,000 estimated population) .	20.4	20.2	19.4	20.4	19.1	18.5	18.4
Death Rates (all per 1000 estimated resident popu- lation). All causes ...	10.1	11.2	10.4	11.1	10.0	11.5	11.3
Infective & Parasitic Diseases	0.14	0.09	0.0	0.0	0.04	0.04	*
Tuberculosis of respiratory system	0.0	0.05	0.0	0.06	0.02	0.05	0.05
Other forms of tuberculosis	0.0	0.02	0.0	0.0	0.0	0.0	0.01
Cancer	1.25	2.51	2.27	2.43	1.86	2.02	2.11
Vascular Lesions of ner- vous system	1.48	1.53	0.91	1.79	1.38	1.74	*
Heart & Circ. Diseases...							
Respiratory disease (excl- uding tuberculosis of respiratory system) ...	3.79	3.85	4.31	3.90	3.71	4.37	*
Infant Mortality (deaths of infants under 1 year per 1,000 live births)	1.20	1.24	1.02	1.21	1.11	1.37	*
Maternal Mortality (deaths of mothers due to pregnancy or child birth per 1,000 live and still births)	25.0	19.8	29.2	31.3	22.5	22.2	20.0
Still Birth Rate (per 1000 live and still births) ...	0.0	0.0	0.0	0.0	0.21	0.40	0.25
Perinatal Mortality rate ..	11.2	14.9	5.8	24.5	15.9	13.6	16.3
Neonatal Mortality rate ..	24.7	27.5	23.3	39.8	28.3	30.0	28.2
	18.2	15.1	29.2	21.9	15.3	15.4	13.8

* Figures not available.

VITAL STATISTICS OVER THE TEN YEARS 1955-1964

Year	Birth Rate	Peri-natal Mortality Rate	Still Birth Rate	Death Rate	Infant Mortality Rate	Maternal Mortality Rate	Cancer Death Rate	T.B. Death Rate		No. of cases of		No. of Deaths	
								Pul-monary	Non-Pul-monary	Diphtheria	Polio-myelitis	T.B. All forms	Cancer of lung and bronchus
1955	16.0	*	28.4	9.9	22.7	3.15	1.56	0.21	0.00	0	5	4	5
1956	18.6	*	27.0	9.1	22.8	0.00	1.70	0.10	0.00	0	0	2	4
1957	17.5	*	41.3	9.8	34.5	0.00	1.46	0.15	0.00	0	2	3	5
1958	17.8	*	19.2	10.2	28.0	0.00	1.54	0.00	0.00	0	4	0	5
1959	17.3	*	22.4	9.8	22.9	0.00	1.78	0.00	0.00	0	0	0	6
1960	18.0	39.4	31.5	10.5	13.6	0.00	1.95	0.00	0.00	0	0	0	8
1961	18.7	55.4	32.7	10.8	31.2	0.00	1.90	0.00	0.00	0	1	0	7
1962	17.2	40.7	24.4	10.3	16.7	0.00	1.57	0.05	0.00	0	0	1	3
1963	19.0	34.3	9.8	10.6	39.6	0.00	1.41	0.00	0.00	0	0	0	11
1964	20.4	24.7	11.2	10.1	25.0	0.00	1.25	0.00	0.00	0	0	0	4

* Figures not available.

INFECTIOUS DISEASES.

Annual Notifications 1960-1964

Disease	Year of Notification				
	1960	1961	1962	1963	1964
Scarlet Fever	5	7	5	6	5
Whooping Cough	20	4	2	11	5
Acute Poliomyelitis ...	—	1	—	—	—
Measles	14	309	202	178	88
Diphtheria	—	—	—	—	—
Dysentery	7	6	—	1	—
Meningococcal Infection	—	—	—	—	—
Acute Pneumonia	14	4	16	11	3
Smallpox	—	—	—	—	—
Acute Encephalitis ...	—	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—
Paratyphoid Fever ...	—	—	—	—	—
Erysipelas	—	3	2	—	—
Food Poisoning	1	—	—	—	2
Puerperal Pyrexia ...	1	2	1	2	—
Ophthalmia Neonatorum	—	—	—	—	—
Pulmonary Tuberculosis	4	3	6	1	—
Other forms of Tuberculosis	2	2	—	—	—
Malaria	—	—	—	—	—
Anthrax	—	—	—	—	—

MEASLES

The usual biennial epidemicity of this disease did not show itself until the beginning of 1965 when the number of notifications started to increase. Because of this expected epidemic the Medical Research Council began trials of a Measles Vaccine in September, trials in which this Division took part. Two doses of vaccine were given to those children aged ten months to two years who had been registered by their parents, the first being the killed type and the second, one month later, being a live vaccine. No serious complications as a result of the vaccine were recorded and up until the time of writing this report no child who was given the vaccine has been notified as a case of measles. Only 340 out of 731 of the children who were registered were able to be given the vaccination because of the shortage of the vaccine, but it is hoped further supplies will become available during the autumn of 1965 when this group will be given priority.

TUBERCULOSIS

Cases requiring examination are referred to either the Chest Clinic at Dewsbury General Hospital, the Chest Clinic at 74 New Briggate, Leeds or the Chest Clinic at Pinderfields Hospital, Wakefield and regular home supervision is carried out by the Health Visitor. Free milk is provided by the County Council at the discretion of the Divisional Medical Officer if recommended by the Consultant Chest Physician in charge of the Clinic.

The following table gives the position regarding tuberculosis in Wakefield Rural District in 1964:—

	Respiratory			Non-Respiratory			Totals
	M	F	Total	M	F	Total	
No. on register on 1st January, 1964	30	19	49	2	3	5	54
No. first notified during 1964	—	—	—	—	—	—	—
No. of cases restored to register	—	—	—	—	—	—	—
No. of cases entered in register otherwise than by notification	1	2	3	—	1	1	4
No. removed from register during 1964							
(a) died	—	—	—	—	—	—	—
(b) removed from district	1	—	1	—	—	—	1
(c) recovered ...	3	4	7	1	1	2	9
(d) Diagnosis changed	—	—	—	—	—	—	—
No. remaining on register at 31st December, 1964	27	17	44	1	3	4	48

The number of new cases and the number of deaths notified during 1964 are given in detail in the following table:—

Age Period	NEW CASES				DEATHS			
	Respira- tory		Non- Respira- tory		Respira- tory		Non- Respira- tory	
	M	F	M	F	M	F	M	F
0- 5	—	—	—	—	—	—	—	—
6-14	—	—	—	—	—	—	—	—
15-24	—	—	—	—	—	—	—	—
25-44	—	—	—	—	—	—	—	—
45-64	—	—	—	—	—	—	—	—
65 and over	—	—	—	—	—	—	—	—
Totals	—	—	—	—	—	—	—	—

WEST RIDING COUNTY COUNCIL HEALTH SERVICES

LOCAL ADMINISTRATION

CHILD WELFARE CLINICS

MISSION HALL, CROFTON

*Monday 2-00 to 4-00 p.m.

ST. LUKE'S HALL, SHARLSTON

*Tuesday, 2-00 to 4-00 p.m.

1 RAMSEY CRESCENT, MIDDLESTOWN

*Tuesday, 2-00 to 4-00 p.m.

VILLAGE INSTITUTE, CRIGGLESTONE

*Wednesday 2-00 to 4-00 p.m.

* Combined with a School Clinic Session.

MOBILE CLINIC

The Mobile Clinic attends on alternate Mondays at the Recreation Ground, Walton from 9-30 to 11-30 a.m., Long Row, Sharlston from 2-00 to 3-00 p.m. and Park Avenue, Kirkthorpe, from 3-15 to 4-00 p.m.

ANTE-NATAL AND RELAXATION CLINICS

MISSION HALL, CROFTON

Ante-natal Clinic Monday 1-30 to 2-00 p.m.

Relaxation Clinic Tuesday 2-00 to 4-00 p.m.

ST. LUKE'S HALL, SHARLSTON

Ante-natal Clinic Tuesday 1-30 to 2-00 p.m.

Relaxation Clinic Monday 2-00 to 3-00 p.m.

1 RAMSEY CRESCENT, MIDDLESTOWN

Ante-natal Clinic Tuesday 1-30 to 2-00 p.m.

Relaxation Clinic Wednesday 2-00 to 4-00 p.m.

VILLAGE INSTITUTE, CRIGGLESTONE

Ante-natal Clinic Wednesday 1-30 to 2-00 p.m.

Relaxation Clinic Monday 2-00 to 4-00 p.m.

CHILD GUIDANCE CLINIC

Croft House, Ossett. Thursdays 9-00 to 12-00 noon. By appointment.

IMMUNISATION AND VACCINATION CLINICS

All child welfare centres—as required by arrangement.

CHIROPODY

SECONDARY MODERN SCHOOL, CROFTON

Friday 2-00 to 5-00 p.m. by appointment.

ST. LUKE'S HALL, SHARLSTON

Friday 2-00 to 5-00 p.m. by appointment

1 RAMSEY CRESCENT, MIDDLESTOWN

Tuesday 9-00 to 12-00 noon by appointment

VILLAGE INSTITUTE, CRIGGLESTONE

Wednesday 2-00 to 5-00 p.m. by appointment.

CLINICS

Ante-Natal Clinics

Clinic	No. of Sessions	Total No. of women who attended	Total attendances
Sharlston	48	3	8
Sharlston Mobile	18	4	12
Crigglestone	48	5	32
Crofton	48	1	5
Walton Mobile	18	7	20
Middlestown	48	—	—
Total	228	20	67

Relaxation Clinics

Clinic	No. of Sessions	Total No. of women who attended	Total
Sharlston	48	33	97
Crigglestone	48	12	81
Crofton	48	26	237
Middlestown	48	28	148
Total	192	66	563

Child Welfare Clinics.

	No. of Sessions	No. of children who attended and were born in		Total No. of attendances made by children born in		Average attendances per session
		1964	1959-63	1964	1959-63	
St. Luke's Hall, Sharlston Village Institute, Crigglestone	48	62	69	1556	511	43
Mission Hall, Crofton ...	48	131	174	1964	420	49
1 Ramsey Crescent, Middles-town	48	78	50	1329	357	35
Walton Mobile	48	72	72	1440	504	40
Sharlston and Kirkthorpe Mobile	18	25	7	340	58	22
	18	19	27	230	80	17
Total	228	387	399	6859	1930	38

In accord with modern thought and practice on child care, routine weighing of babies over the age of one month has ceased at several clinics in the Division, and after this age further weighings are carried out at the discretion of the health visitor or clinic doctor. This procedure permits the fully trained staff to give advice to mothers and to provide protection against the preventable diseases for children, the main aim of any Child Welfare Clinic. Attendance only dropped for a short period and the overall picture showed an increase not only in attendance but also in the number of children attending the clinics.

Dental Clinic

Expectant and nursing mothers are referred from ante natal or child welfare clinics to the Dental Clinics or to a dentist practising under the National Health Service. Treatment, and this includes dentures, is free of charge provided it is completed one year after the birth of the baby. Mothers referred by a local Health Authority staff and inspected for treatment were 56 in the Division but only 34 of these completed treatment.

Provision of Welfare Foods

Many proprietary brands of milk and other infant foods are sold at the Child Welfare Clinics for the convenience of mothers, and special brands of milk are ordered when necessary.

Welfare cod liver oil, orange juice, vitamin A and D tablets, and National Dried Milk, are also distributed at the Child Welfare Clinics.

HOME NURSING

The County Council is responsible for the Home Nursing Service in the Rural District, the four whole-time nurses being resident in their own homes.

TYPE OF PATIENT UNDER CARE OF HOME NURSE

Classification	No. of individual patients attended	Total number of visits made
Medical	264	8474
Surgical	83	1636
Infectious Diseases	—	—
Tuberculosis	2	34
Maternal Complications	4	29
Other Conditions	20	238
Total	373	10411

Most of the work of the home nurses is still in the over 65 age group though there has been an increase in visits to children aged 0-5 years, many of these having undergone circumcision, an operation which once again appears to have become fashionable.

During 1964 injection therapy has fallen in the anti-biotic group but an increasing amount of hormones are now given by this method. Most patients nursed suffer from a medical condition of a chronic nature and nursing these patients, though very valuable, is time consuming and does not always need the skills of a State Registered Nurse. If dilution of the staff by State Enrolled Nurses could be envisaged the highly qualified Queen's Nurse could then undertake work she has been trained for and thus, in turn, relieve pressure on hospital beds by patients being discharged earlier into her care.

Day and Night Nursing Service

This service is an extension of the home nursing service and provides a day or night nursing service for a temporary period, usually during the terminal stages of an illness. It is designed to relieve relatives who may be near "breaking point", having cared for a patient at home for a considerable time, and this service is very much appreciated by these relatives who have been under severe strain. Persons employed are trained nurses, persons with nursing experience or "sitters in".

In the case of patients suffering from carcinoma the Marie Curie Memorial Foundation meets the full cost, whilst the cost for other types of patients is met by the County Council. During 1964 eight patients suffering from carcinoma and three other cases received the service in the Division. As it has been possible to recruit only one S.R.N. and one sitter-in, it is fortunate that the demand has not been heavy and has been met in every instance.

MIDWIFERY

Four whole-time midwives (resident in their own home) were employed by the County Council to serve the Wakefield Rural District during 1964.

The following table shows the number of women confined in hospital, private nursing homes, or delivered by midwives and private practitioners in Wakefield Rural District or elsewhere.

Place of Delivery	No.	Percentage of total
Delivered in hospitals	197	44.3%
Delivered in private nursing homes ...	—	0.0%
Delivered by Midwife (alone) in attendance	229	51.5%
Delivered by General Practitioner (alone) in attendance	1	0.2%
Delivered with doctor and Midwife in attendance	18	4.0%
Total (including still-births)	445	100.0%

During 1964 the practising midwives summoned medical assistance to 17 mothers and 6 infants.

REASONS FOR MIDWIFE CALLING MEDICAL AID

Mothers		Infants	
Cause	No.	Cause	No.
Prolonged Labour	2	Eye Infection	1
Twin Pregnancy	1	Talipes	2
Abnormal Presentation ..	2	Prematurity	1
Complete Abortion	4	Asphyxia	2
Toxaemia	3		
Premature Labour	2		
Ante Partum Haemorrhage	3		
Total	17	Total	6

All midwives are employed on full midwifery duties and there have been no appreciable difficulties in domiciliary confinements during the year.

Close co-operation with the General Practitioners has continued and in the Division seven ante natal clinics are now held in General Practitioners' surgeries which are attended by domiciliary midwives, an increase of one clinic since 1963. This co-operation is of three-fold advantage:—

- (1) to the patient, who will get to know the midwife prior to confinement, even though this may take place in hospital, as there is an increase in the number of early discharges from hospital back to the care of the midwife.
- (2) to the midwife, who will get to know the patient she will eventually deliver or nurse after confinement. She will be familiar with all obstetric details discovered during the ante natal period, thus ensuring that as far as possible a patient has a safe delivery.
- (3) the benefit to the General Practitioner is by seeing his patients simultaneously with the midwife, therefore knowing he has a competent colleague familiar with his patient's condition, fully equipped with all knowledge available for a safe confinement.

Due to pressure on hospital beds, early discharges from hospital have increased, particularly discharges taking place 48 hours after delivery. At the moment the midwives are coping with this additional work.

Provision of Maternity Outfits

These are provided free to mothers preparing for confinement in their own homes.

Analgesia.

All midwives are trained in the administration of both trilene and gas and air analgesia and are provided with the necessary equipment. Analgesia is available to all mothers desiring it, subject to satisfactory medical examination by a doctor. During 1964 two hundred and four women received trilene.

Emergency Obstetric Unit.

The "flying squad" attached to the General Hospital, Wakefield, is available for obstetric emergencies occurring within the district.

Care of Premature Infants.

Special equipment and nursing staff are available for use in the home in cases requiring them.

SURVIVAL OF PREMATURE BABIES. (DOMICILIARY AND HOSPITAL)

Weight at Birth	No. of Premature Babies		No. Dying within 28 days	No. Surviving 28 days
	Born Alive	Born Dead		
Under 2½ lb.	2	1	2	—
2½ to under 3 lb. ...	—	—	—	—
3 to under 3½ lb. ...	1	1	1	—
3½ to under 4 lb. ...	1	—	—	1
4 to under 4½ lb. ...	5	1	1	4
4½ to under 5 lb. ...	7	—	—	7
5 to 5½ lb.	14	1	—	14
Total	30	4	4	26

Maternity Liaison

Three Committee meetings were held at Manygates Hospital, Wakefield, and one at Dewsbury General Hospital during 1964. These meetings are attended by the Medical Officers of Health concerned, elected General Practitioners, Paediatricians, Matrons of local Maternity Hospitals, the non medical Supervisors of Midwives and are under the Chairmanship of the Consultant Obstetrician. The aim of these Committees is to solve matters of mutual interest to hospital, local Health Authorities and General Practitioners, e.g. Selection of cases and medical criteria for hospital booking in the light of the findings of the perinatal mortality survey.

HEALTH VISITING

The principal duty of the Health Visitor is health education, and for this purpose she visits the homes to give advice on the care of children and persons (including adults) suffering from illness, and expectant and nursing mothers. The Health Visitor also gives advice in the home on the measures necessary to prevent the spread of infection, and her duties are also combined with those of School Nurse.

SUMMARY OF HEALTH VISITORS' HOME VISITS

Children aged 0-5 years	
First visits	1535
Re-visits	2707
	<hr/>
Total	4242
Persons aged 65 years and over	
First visits	218
Re-visits	162
	<hr/>
Total	380
Visits to Home Help Cases	2117
Mental Health Visits	6
Visits to Hospital Discharges	26
Household Visits (T.B. and Infectious Diseases)	53
Other Visits	366

Difficulty still exists in maintaining a full health visiting establishment and because of this shortage of trained staff certain duties in the past undertaken by the health visitor are now delegated to less qualified personnel, who are designated assistant to health visitor, in order to allow the fully qualified health visitor to fulfil her role as social advisor and health educator. The duties of these assistants include supervision of home helps, visiting of patients in receipt of the home help service, the initial visit having been carried out by the health visitor, attendance at immunisation sessions, Specialists and school clinics. They also play a useful part in the school health service by carrying out hygiene inspections and their inevitable routine follow-up, vision and audiometric testing, and attendance at school medical inspections except in the case of entrants, which are attended by the health visitor, who can provide a link between home and school at this all important stage of the child's life.

In 1964 attachment of nursing staff to general practitioners became County Council policy and this Division decided to put this into practice by initially attaching health visitors to general practitioners in the Borough of Morley. This attachment began early in 1965 and it is hoped to continue this policy throughout the rest of the Division.

Phenylketonuria

During 1964 1,734 babies were tested either in clinics or in the home during the fourth week of life or as soon as possible afterwards using the "phenistix" test. All children tested proved negative and thus free from the disease which, if not treated in the early weeks of life, can produce severe subnormality. These tests can be time consuming as occasionally several visits are necessary before a satisfactory specimen of urine is obtained.

Congenital Dislocation of the Hip

A test, the Ortolani test, is carried out by the midwife in the case of a domiciliary confinement, the health visitor at her first visit to the infant, and the clinic doctor at the infant's first attendance at the Child Welfare Centre. The test is a simple one by which the hip abduction movements are checked and should a positive case be found, speedy referral to an Orthopaedic Consultant for confirmation of diagnosis and necessary treatment may save prolonged medical care and sometimes permanent handicap later on in life. Three confirmed cases during the year in this Division alone justify doing the Ortolani Test as a routine.

Jelly Patch Test for Tuberculosis

This test formerly offered to all five and six year old children as a routine was discontinued during 1964 after consultation with the Chest Physician because of its unreliability.

Practical Training of Students

This Division, by its close proximity to Leeds and Wakefield, always serves as a training ground for practical experience both for health visitor students from Leeds University and student nurses from the Wakefield hospitals. The health visitor students at present come on to the district for two days each week for two terms and are usually attached to one or two health visitors, their programme having been arranged by the Divisional Nursing Officer. It is hoped that during this period health visitor students are gaining a wide experience of the work of all members of the public health team.

Student nurses usually only have two days district experience during their general training to supplement lectures on social aspect of diseases, but even this short time with the health visitor and the district nurse teaches them some aspects of work in the public health field and also gives them an insight into the social, economic and cultural background of the patients they are nursing in the wards.

HOME HELPS

In accordance with the National Health Service Act, the County Council provide domestic help for households "where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age."

Home Helps were provided for the following reasons:—

	Cases	Hours
Maternity	5	190
Chronic Sick & Tuberculosis ...	181	30646
Others	7	220
	<hr/> 193	<hr/> 31056

The service continues to expand and there were 193 cases attended by Home Helps during 1964 compared with 184 in the previous year, and the total number of hours worked was 31,056. This is 3,652 more than in 1963.

CHIROPODY

Regular sessions are held at clinics in the area and domiciliary visits can be arranged where the patient is certified to be medically unfit to attend the clinic. Details of the cases treated throughout the year are given in the following table.

Clinic	No. of Clinic sessions held	No. of Patients Treated				Total Treatments Given			
		A	PH	EM	Total	A	PH	EM	Total
Crofton	18	26	1	—	27	113	1	—	114
Crigglestone	35	49	3	—	52	243	13	—	256
Middlestown	23	37	—	—	37	184	—	—	184
Sharlston	23	40	—	—	40	177	—	—	177
Total	99	152	4	—	156	717	14	—	731
Domiciliary Treatments	—	68	4	—	72	225	11	—	236
Grand Total	—	220	8	—	228	942	25	—	967

A — Aged
 PH — Physically Handicapped.
 EM — Expectant Mothers.

IMMUNISATION AND VACCINATION

In accordance with the National Health Service Act, immunisation against diphtheria, and vaccination against whooping cough, tetanus, smallpox and poliomyelitis may be done either at the clinics or by the Family Doctor.

Diphtheria Immunisation.

The number of children in the Rural District who completed a full course of Diphtheria Immunisation in 1964 was as follows:—

Year of Birth	1964	1960-63	1950-59	Total
Completed injections in 1964...	217	143	28	388
Immunised in previous years re-inforced in 1964	—	—	150	150

Tetanus Vaccination.

The number of children in the Rural District who completed a full course of vaccination against tetanus during 1964 was as follows:—

Year of Birth	1964	1963	1960-62	1955-59	1950-54	Total
Number vaccinated ...	217	123	20	41	4	405

Number vaccinated in previous years and re-inforced in 1964 — 140.

Whooping Cough Vaccination.

Vaccination against whooping cough is available under the County Council's Scheme to infants and children up to and including the age of four years.

The number of children in the Rural District who completed a full course of whooping cough vaccination during 1964 under the County Council's Scheme was as follows:—

Year of Birth	1964	1963	1960-62	Total
Number Vaccinated	215	122	17	354

During the year there were five notified cases of whooping cough. One child concerned had completed a full course of vaccination.

Poliomyelitis Vaccination.

In February 1962 the Minister of Health announced that Local Health Authorities could obtain supplies of live attenuated poliovirus vaccine which had been prepared from strains developed by Dr. A. B. Sabin.

The vaccine is administered orally and can be taken on a sugar lump or in syrup. A primary course of vaccination consists of 3 doses of vaccine, each of three drops given at intervals of four to eight weeks, and the vaccine can also be used to reinforce protection previously provided by injections of "Salk" vaccine.

Number of persons completing a primary course 330

Number of persons receiving re-inforcing doses 198

Smallpox Vaccination.

During the year 90 people were vaccinated against smallpox.

B.C.G. Vaccination against Tuberculosis.

This scheme is approved by the Minister of Health. The vaccine used is B.C.G. and is offered to all children in their fourteenth year with a view to affording protection to adolescents in the early years of their employment in industry and elsewhere.

Vaccination was offered to all children in this age-group in 1964 and the acceptance rate was approximately 60%.

The following table is a summary of the work carried out in the year:—

School	No. of children whose parents accepted	No. of children Heaf Tested	No. with positive reaction	No. with negative reaction	No. vaccinated
Crofton County Secondary	81	66	21	45	45
Crigglestone County Secondary	56	48	12	36	36
Totals ...	137	114	33	81	81

B.C.G. Vaccination is also available at the Local Chest Clinic for the protection of ascertained contacts of cases of tuberculosis and in certain other cases.

NURSERY AND CHILD MINDERS REGULATION ACT

The County Council is authorised under this Act to grant or refuse registration of both Nurseries and Child Minders. Several enquiries for registration have been investigated but no Nursery or Child Minder has been registered during the year.

CO-ORDINATING COMMITTEE ON PROBLEM FAMILIES

Many statutory and voluntary organisations are concerned with the rehabilitation of problem families. In order to bring together, for each of these families the knowledge and activities of the organisation concerned, representatives meet quarterly in Horbury Town Hall under the chairmanship of the Medical Officer of Health. A total of twenty-four cases from Wakefield R.D., Ossett M.B. and Horbury U.D. have been discussed at the meetings during 1964.

WEST RIDING COUNTY COUNCIL HEALTH SERVICES

DIVISIONAL ADMINISTRATION

HEALTH EDUCATION

During 1964 activities in the field of Health Education have continued and the Health Visiting and Midwifery staff have devoted as much time as possible to this aspect of their work.

No formal health education has been undertaken in Child Welfare Clinics but full use has been made of opportunities for informal group discussion, poster and pegboard displays. Both the staff and the public have voiced their appreciation of the excellent pegboard displays issued by Central Office during the year. Routine weighing was discontinued in three clinics during the year thus enabling health visitors to devote more of their valuable time advising mothers on the health of their infants.

Health visitors teach senior girls in all secondary modern schools in the Division, with the exception of two. In two schools talks on menstruation and personal hygiene are given to girls on entry to secondary school. In all participating schools but two the syllabus covers all three terms and in the remaining the talks extend over one term.

Health education on venereal disease is incorporated during talks on infectious diseases and no special campaign on this subject was undertaken during the year.

Smoking and Health was also covered by the talks given by the health visitors in schools following on the visits of the Mobile Unit on this topic in December, 1963.

Members of the medical and nursing staff are regularly approached by various groups of the public e.g. Parent Teacher Association, W.V.S., and Church Groups to talk on health subjects and health visitors also visit local Old People's Clubs and either give a formal talk illustrated by a visual aid or encourage group discussions on various topics concerning the health and welfare of the elderly.

Mothers' Club

The Mothers' Club was started in Morley during 1964 and the inaugural meeting was held on the 25.1.64 when Miss M. G. Edwards, County Health Education Officer took the chair. The number of mothers attending ranges between 25 and 45 and the Club meets monthly at Morley Central Clinic. Ten meetings were held during the year, seven of these were educational in character, two social functions and one was a business meeting.

Morley Home Safety Committee

A Home Safety Exhibition was held in Morley, May 29th to June 4th under the auspices of the Morley Home Safety Committee. Stands and pegboard displays were exhibited in the Town Hall by Central Office, the Fire Service and the Gas and Electricity Boards. Films on home safety were shown by the Fire Service. At the same time a condemned house at 10 Commercial Street, Morley, was fitted with furniture and household equipment, etc., to point out the many dangers resulting from neglect and ignorance of safety in the home. The house was labelled "The most dangerous house in Morley" and proved a great success.

The Exhibition was opened by the Mayor of Morley and was visited during the six days as follows:—

At the Town Hall 1039

At 10 Commercial Street 1444

Most of the visitors were schoolchildren and schools followed up the Exhibition by discussions and writing of essays on the subject of Home Safety.

Gaskell Home Safety Committee

During the year Home Safety Films were shown to Darby and Joan Clubs in Crofton, Sharlston, Middlestown and Horbury, and also at the Ossett Community Centre. Copies of the Gaskell Home Safety Committee Accident Prevention leaflet were sent to all clinics, infant and junior schools, and to Darby and Joan Clubs.

A group of Boy Scouts from Ossett paraded as sandwich-board men in the Gawthorpe Maypole Show procession, displaying Home Safety posters.

Later in the year a Home Safety Competition (Careless Cottage Drawing) was arranged for children between seven and nine years of age who attended schools in the Gaskell area. The children were asked to pick out and list as many hazards as they could find and then colour the picture. The prizes for this Competition were presented by the Mayor of Ossett, Alderman H. Smith and by the Mayoress, Miss M. Smith in February, 1965.

THE UNMARRIED MOTHER AND MOTHER AND BABY HOMES

The unmarried mother is referred usually by the Moral Welfare Organisation, our own staff or other services. Should the unmarried mother require a place in a Home prior and after delivery of her baby this can be arranged and financial responsibility is undertaken by the County Council provided she is a bona fide resident of the West Riding. The mother enters the Home during the latter part of her pregnancy, is admitted to hospital for her confinement and returns to the Home for a further few weeks after the birth of her baby. Twelve such cases were accommodated in Mother and Baby Homes during the year.

Of the total of 98 live illegitimate births 46 were dealt with as indicated below:—

	West Riding Cases	Non- County Cases	Total
1. Number of cases dealt with during the year:—			
(a) Referred by Moral Welfare Organisations	8	—	8
(b) Ascertained through own staff (midwives, etc.)	18	—	18
(c) Referred by other services	20	—	20
	<hr/>		
TOTALS ...	46	—	46
	<hr/>		

2. Analysis : —

(a) Married*	(i) with previous illegitimate children	3	—	3
	without previous illegitimate children	3	—	3
(b) Single	(i) with previous illegitimate children	7	—	7
	(ii) without previous illegitimate children	31	—	31
(c) Widowed or Divorced	(i) with previous illegitimate children	—	—	—
	without previous illegitimate children	2	—	2
TOTALS ...		46	—	46

*For the purpose of the scheme, a married mother of an illegitimate child is included, when known as such, as an unmarried mother.

3. Ages : —

(a) Under 15	—	—	—
(b) 15—19	18	—	18
(c) 20—24	18	—	18
(d) 25—29	4	—	4
(e) 30—39	5	—	5
(f) 40 and over	1	—	1
TOTALS ...		46	— 46

4. Disposal :—

(a) Cases settled :—

(i) Marriage	1	—	1
(ii) Baby died	3	—	3
(ii) Grandparents to take baby home	—	—	—
(iv) Baby adopted	16	—	16
(v) Baby fostered	—	—	—
(vi) Mother keeping baby	26	—	26
(b) Cases referred elsewhere	—	—	—
(c) Cases in which action has been taken but not finally settled	—	—	—
<hr/>			
TOTALS ...	46	—	46
<hr/>			

Close co-operation between Moral Welfare Workers, Children's Officers and Health Visitors exists, thus ensuring the best possible arrangements for the infants.

CARE AND AFTER-CARE

Recuperative Home Treatment

Twenty-two patients were sent to various convalescent homes from this Division during the year following medical recommendation from the family doctor. Applications are only considered where the patient is recovering from an illness and when it is likely that a period in a convalescent home would hasten recovery.

Provision of Nursing Equipment in the Home

1,140 items of nursing equipment were issued to patients being nursed in their own homes. Such equipment included commodes, bed pans, rubber sheets and wheel-chairs. The latter are for temporary use only as chairs for permanent use are supplied by the Ministry of Pensions through the hospital service.

Four modern wheel-chairs were received as a gift from the Ossett and Horbury Round Table for the use of patients in that area. All these chairs are now in use

Incontinent Patients

A laundry service for these patients is available in Morley Borough where arrangements can be made for the soiled linen to be collected and taken to Dewsbury General Hospital for washing. This service is gradually being superseded by the use of disposable pads which are used in the rest of the Division. These pads can be changed more frequently than bed linen and are therefore much more convenient.

Hospital Liaison

Four health visitors are engaged in hospital liaison work, two undertaking premature baby liaison at Wakefield General Hospital, Manygates Maternity Hospital and Leeds Maternity Hospital. One carrying out geriatric liaison with Headlands Hospital, Pontefract, and one diabetic liaison with Clayton Hospital, Wakefield.

Premature Baby Liaison

This takes place at Manygates Hospital and Wakefield General Hospital. The Health Visitor visits weekly and obtains environmental reports for the Paediatricians and notifies the Divisions of the pending discharge of a premature baby. The Health Visitor also attends a follow-up clinic at Manygates Hospital and although this is a comparatively new venture it appears to be a successful one.

At Leeds Maternity Hospital premature baby liaison consists of the health visitor joining a ward round on the premature baby unit, providing Professor Craig with environmental details obtained by telephone contacts with the respective health visitor and attending a follow-up clinic.

Liaison with the Department of Paediatrics at Leeds General Infirmary comprises of a ward round and attendance at Professor Craig's clinic, where children usually of school age and largely suffering from emotional difficulties are seen. The health visitor is responsible for the exchange of information between the Department of Paediatrics and the Divisional Medical Officers concerned and obtains records of home environment and scholastic attainments.

Diabetic Liaison

The Health Visitor attends Dr. Fletcher's Diabetic Clinic every Monday at Clayton Hospital. She does follow-up visits to diabetic patients in her own area and refers patients together with detailed instructions regarding diet and insulin therapy to the health visitor responsible for the patients seen from other Divisions.

Geriatric Liaison

The liaison health visitor contacts Headlands Hospital twice daily, when patients are referred to her whose admission to hospital has been requested by their General Practitioner. The health visitor visits and writes a report giving all relevant details to the Geriatrician, including degree of urgency for admission. Should an admission be of a very urgent nature the hospital is contacted by 'phone rather than by written report and arrangements are made without delay, providing a bed is available. The health visitor also attends a weekly discharge review round where arrangements are made for the patient to return home, and this includes notification of relatives and mobilisation of statutory and voluntary agencies should these services be required.

Tuberculosis Liaison

The weekly visits by two health visitors to the Chest Clinic at Dewsbury and Wakefield were discontinued as it was felt that due to the decline of notifications of tuberculosis over the last few years the time of the health visitor could be put to a more advantageous use. Before this decision was reached the County Medical Officer was approached on this matter and after discussion at a meeting of Chest Physicians it was resolved that liaison with the Chest Clinic should now be direct with the health visitor concerned or via the Divisional Health Office.

MENTAL HEALTH

Mental Welfare Officers

These are two Mental Welfare Officers in the Division who are concerned with the pre-care and after-care of mentally disordered persons, and with the admission of such patients to hospital when this becomes necessary. A twenty-four hour service is operated for the admission of patients to Psychiatric Hospitals. Recognition of the Mental Welfare Officers' services in the community is steadily gaining ground and liaison between health visitors, Welfare Officers, Probation Officers, Police, Youth Employment, Ministry of Labour, W.V.S. and other agencies, both voluntary and statutory, is very good in this Division. Co-operation with the general practitioners is improving and more of them are drawing the attention of the Mental Welfare Officers to patients who can benefit from an opportunity to talk to a person with a special experience in mental health. Such first aid treatment sometimes averts a complete breakdown and hospitalisation.

Good relationship exists with the hospitals in the catchment area and the Consultant Psychiatrists appear to have quite a high degree of confidence in the services of the Mental Welfare Officers in the community. Social and environmental histories are obtained and submitted to the various Consultants as regards in-patients and referrals are regularly received in respect of in-patients on their discharge from hospital.

Geriatric cases do present a big problem and requests for admission to a Psychiatric Hospital are not infrequently made when a geriatric bed in a General Hospital or Part III Accommodation would be more appropriate, if places were readily available.

The Mental Welfare Officers attend regular case conferences, hospital out-patients clinics and frequent in-service training courses are held at Grantley Hall.

Number of Patients	Mentally Ill		Psychopathic				Subnormal				Severely subnormal				Total subnormal and severely subnormal		Grand Total of Cols (1) — (16) (19)		
	16 and over		16 and over		16 and over		16 and over		16 and over		16 and over		16 and over						
	Under age 16	M	F	Under age 16	M	F	Under age 16	M	F	Under age 16	M	F	Under age 16	M	F				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)			
(a) Total number.	—	—	137	179	—	—	—	—	16	15	76	51	1	2	3	—	34	130	480
(b) Attending day training centre ...	—	—	—	—	—	—	—	—	16	15	23	13	1	2	1	—	34	37	71
Awaiting entry thereto	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Resident in residential training care	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting residence therein	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Receiving home training ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(e) Resident in L.A. home/hostel	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting residence in L.A.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
home/hostel ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Resident at L.A.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
expense in other residential	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
homes/hostels ...	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	2	2
Resident at L.A.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
expense by boarding out in private household	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(f) Receiving home visits and not included under (b) to (e) ...	—	—	136	179	—	—	—	—	—	—	52	38	—	—	2	—	—	92	407

Psychiatric Social Club

This Club is held every week at Morley Clinic and since it was started in 1962 the number of names on the register has totalled thirty-one. Its purpose is to assist in the social rehabilitation of patients discharged from hospital and to serve as a link between the hospital and domiciliary services. The attendance fluctuates considerably and though the highest weekly number has been in the region of fifteen, this has not been maintained for many weeks at a time, and the average number has been eight. At least ten members are now working satisfactorily and have reached a point where they wish to remain at home at the end of their day's work and they no longer attend the Club.

Training Centres

Ossett Junior Training Centre

The year started with 21 children on the register and ended with 26, the age range being 3—11 years. Ten children were admitted and five left during the year and of these five, one was transferred to an ordinary infants' school and one to a day special school for educationally subnormal children.

Ages of Children in Attendance at Ossett Training Centre

Sex	AGE									Total
	3+	4+	5+	6+	7+	8+	9+	10+	11+	
M.....	—	—	2	3	5	1	2	2	1	16
F.....	—	1	2	2	—	2	1	1	1	10
Total ..	—	1	4	5	5	3	3	3	2	26

The staff consists of the Supervisor, an Assistant Supervisor and a General Assistant. There is a kitchen staff of one who works part-time—the meals being supplied by the School Meals Service.

For training purposes the children are normally split into two groups—a reception group where the aim is social training, learning to play and live with one another and toilet and hygiene training. A second group deals with numbers and pre-reading work, art, music and movement and is a group with which much rewarding experimentation has taken place and the children are encouraged to develop a sense of personal independence and responsibility.

Students on the N.A.M.H. Training Course at Sheffield are seconded to the Centre for practical training.

Visits of observation were commenced in 1964 and several visits to a farm were made at the different seasons of the year. This theme was then developed in the general class work.

The crew of the H.M.S. Zulu have "adopted" the Centre and they send items of interest from their many ports of call.

The Parent Teacher Association continues to flourish and their activities include a Spring Fair, Garden Party, Christmas Party and a Dinner Dance. Funds have been raised for many items of equipment for use at the Centre.

West Ardsley Training Centre

The new Training Centre at West Ardsley is now well established, since being opened in April, 1963. There are 54 trainees on roll from the age of 11+ upwards, and has places for 24 Juniors, 23 Adult Males and 23 Adult Females.

Ages of Trainees in Attendance at West Ardsley Training Centre

	Transitional					Adult				
Sex ...	11+	12+	13+	14+	15+	16+	20+	30+	40+	Total
M	—	5	—	—	2	9	9	—	3	28
F	—	3	—	3	2	5	4	—	3	20
Total	—	8	—	3	4	14	13	—	6	48

The Junior Wing, which accommodates children under the age of 16 years, now has a full and varied time-table. The aim is to provide as rich an environment as possible, to enable the handicapped child to develop his limited abilities and skills and so make him socially acceptable within the community. A number of these children are physically handicapped in addition to being subnormal.

The older group of the Junior Wing is named the Transitional group. There the trainees are prepared for transfer into the Adult departments. This transfer period lessens the shock of moving when the trainees reach the age of 16. The activities of this group are pointed towards adult life. Very simple woodwork is being undertaken with the boys, and they are allowed in the Adult workshops one afternoon per week. The girls are beginning to undertake simple laundering tasks and simple cookery.

Visits of observation have been undertaken from time to time and the trainees and staff visit the local Church once a month for a service which is arranged specially by the Vicar of East Ardsley.

The Adult department is a very busy one. On the female side the girls do all the laundry for the Centre, and simple contract work is undertaken for County Supplies for such things as workholder cases, blotting pads, washleather mops, flour bags, blackout curtains, dressing gowns and pinarettes.

The Male Adult department is undertaking such contract work for County Supplies as art easles, blackboard cleaners, sketching boards, building blocks, corner flag poles for football fields, etc. The men also have a private contract for a local wireworks. This consists of wire bending by the aid of jigs and thousands of these are being turned out each week.

Social training is continued in the Adult department and includes such things as writing, reading, cookery, hygiene, time-telling, time planning, how to use a telephone, shopping, money values, post-office procedures and services.

A Parent Teachers' Association was formed early in 1964 and is operating successfully. This association helps in bringing the parents together, along with the staff, to talk over any problems which may arise.

Special Care Unit

The Special Care Unit is situated in the West Ardsley Training Centre and has six places for the severely subnormal and who in many cases are badly physically handicapped. Some of these patients have to be fed on liquids only. One child who was admitted to this unit progressed at such a rate that she was transferred to Ossett Junior Training Centre after a year.

The ages in the Special Care Unit are varied, and are as follows:—

AGES					
Males				Females	
5	10	25		4	7
					17

This Unit serves a valuable purpose in that it gives great relief to parents throughout the day as the patients are conveyed to and from the Centre by special transport.

Hostels

The hostel at West Ardsley for 30 subnormal adults is in the process of construction and it is anticipated that it will open in mid 1965.

A start has also been made on the second hostel at West Ardsley—but this will cater for post-psychotic cases and it is likely to be completed in 1966.

SCHOOL HEALTH SERVICE

1964 presented no great material changes in the day to day administration of the School Health Service. Due to resignation of some of the medical and nursing staff certain difficulties have been experienced but with the valuable help of general practitioners all our commitments have been met and completed.

During the year 3,723 children were examined under our routine and selective scheme of medical examination and it is encouraging to note that only one child was considered to have an unsatisfactory general physical condition.

SCHOOL POPULATION

	Morley	Ossett	Horbury	Wakefield Rural	Total
No. of departments	29	11	6	18	64
No. of children in attendance	5631	2530	1210	2520	11891
No. of children examined	1799	801	366	757	3723

ROUTINE SCHOOL INSPECTIONS

Group	Morley		Ossett		Horbury		WakefieldR		Total	
	Satis	Unsatis	Satis	Unsatis	Satis	Unsatis	Satis	Unsatis	S.	U.
Entrants ...	647	—	300	1	159	—	292	—	1398	1
Leavers ...	571	—	225	—	93	—	144	—	1033	—
Total	1218	—	525	1	252	—	436	—	2431	1

The children in the Junior Schools are covered by the non-routine scheme and so are not routinely examined.

The number of these children is included in the number of Special Examinations as indicated in the following table.

SPECIAL EXAMINATIONS

Type of Examination	Morley	Ossett	Horbury	Wake- field Rural	Total
Special examinations ...	318	206	59	182	765
Selective examinations .	263	70	55	139	527
Total	581	276	114	321	1292

CLEANLINESS

111 children were excluded from school during the year on account of head infestation and 11 children were compulsorily cleansed. The health visitor attends her schools at frequent intervals throughout the year to examine the children and where unclean or verminous conditions are found to exist the parents are informed and are instructed in the application of an effective remedy. Statutory action is taken in cases of default.

CLEANLINESS INSPECTIONS

	Morley	Ossett	Horbury	Wake- field R	Total
No. of children examined	13512	2492	3283	7132	26419
No. of cases of infestation	272	103	20	129	524
% of infestation	2.0 %	4.5 %	0.6 %	1.8 %	1.9 %
No. of individual cases of infestation	186	92	7	62	347
No. of children excluded from school	58	20	3	30	111
No. of cleansing notices issued	20	8	1	12	41
No. of cleansing orders issued	11	2	—	3	15
No. of children compulsorily cleansed	10	1	—	—	11

VISION

All children with a visual acuity of 6/9 are kept under observation and those with less than 6/9 vision are referred for specialist examination. The following table presents a summary of the findings.

RESULTS OF VISION TEST

Age	No. Examined	Normal		Observation		Treatment	
		No.	%	No.	%	No.	%
5	1398	1279	91.49	43	3.07	76	5.44
7	1239	1136	91.7	81	6.5	22	1.8
9	924	787	85.2	106	11.5	31	3.3
11	848	724	85.4	108	12.7	16	1.9
13	1215	1033	85.0	114	9.4	68	5.6
15	1033	883	85.5	55	5.3	95	9.2
Total	6657	5842	87.8	507	7.6	308	4.6

As it will be seen, regular vision testing is now being carried out in all schools.

HEARING

The year saw the start of routine audiometric testing of all seven year old children using the pure tone audiometer and of 1,096 children tested by the staff, 73 were referred to the school medical officer for further investigation. It does not follow that all these 73 had an actual hearing loss, as this test is a screening test and children suffering from a cold for example could fail the test but on recovery could have normal hearing.

CLINIC AND CONSULTANT SERVICES**REFRACTION CLINIC**

Refraction Clinics staffed by specialists are held at Morley and Ossett and the following table illustrates the work done at these clinics.

ATTENDANCES AT REFRACTION CLINIC IN 1964

	Morley	Ossett	Total
No. of sessions held	43	21	64
No. of new cases	150	59	209
No. of refractions carried out ..	588	241	829
No. of cases where spectacles were prescribed	223	109	332

EAR, NOSE AND THROAT CLINIC

Children requiring specialist examination are referred to the hospital clinics at Batley and Wakefield after the consent of the general practitioner has been obtained.

PAEDIATRIC CLINIC

A specialist from Leeds, Dr. G. Lewis, holds this clinic at Morley Central Clinic once a month and children are referred to him by the school medical officers and the general practitioners, appointments being made through the Divisional Office. During the year 26 children made 39 attendances, and those requiring further investigation were referred to the specialist departments in the Leeds Hospitals.

CHILD GUIDANCE CLINIC

The Child Guidance Clinics in Ossett and Morley have been operative for almost two years and towards the end of 1964 the clinics were changed from fortnightly to weekly. The Child Guidance Team which is complete for the first time consists of a Psychiatrist, a Psychologist and a Psychiatric Social Worker. Referrals to the clinic come from several sources, the main ones being general practitioners, school medical officers and probation officers.

During the year 34 children made 109 attendances. 19 new cases were referred during the year and 13 children were discharged from the clinic such that at the end of the year the case load was 21.

Each case can take from half to up to one hour in consultation and it is time wasted when a parent fails to inform us beforehand of their intention to break an appointment, particularly when a request to this effect is included in the letter of invitation.

There is of course a national shortage of places for mal-adjusted children in Hostels, and Special Schools, nevertheless, it is regrettable that out of three children referred for admission since the clinics started only one has been placed, and he only at the end of 1964.

I should like to see an extension of this service into the field of prevention whereby the psychiatrist is available to deal with behaviour problems in the very young child. I can envisage the psychiatrist or the assistant county medical officer with special experience in psychiatry holding "behaviour clinics" perhaps at the same time as the child welfare clinics whereby mothers and their infants are seen by appointment. Referrals could be from clinic doctors, general practitioners or health visitors, particularly as the latter two become more and more integrated. This early detection and treatment, on a very informal basis, without the big step of stating that child guidance, as such, is necessary, would, I feel, be acceptable to the parents and go a long way to preventing mental ill health in later life.

SPEECH THERAPY CLINIC

The Speech Therapist resigned in September 1964 and as yet no applications for the vacant post have been received. Prior to her resignation there was no child awaiting therapy but by the end of the year 76 children were awaiting treatment. During the nine months the clinic was functioning 94 children attended and received treatment.

HANDICAPPED PUPILS

During the year 34 children were either initially ascertained or re-examined and at the end of the year there were 240 handicapped pupils on our register. Of these 153 were either in or requiring education in a special school or at home and were in the following categories.

CATEGORIES OF HANDICAPPED PUPILS AT OR REQUIRING SPECIAL SCHOOLS

Category	Morley	Gaskell	Total
Blind	1	—	1
Partially Sighted	—	6	6
Deaf	2	5	7
Partially Hearing	2	1	3
Educationally Subnormal	53	62	115
Physically Handicapped	5*	7	12*
Maladjusted	2	2	4
Delicate	4	—	4
Epileptic	—	1	1
Total	69	84	153

*2 children were receiving home tuition

12 physically handicapped children were awaiting placement in special schools at the end of the year, but the biggest problem is the provision of appropriate special education for the educationally subnormal as 42 were still awaiting placement and were attending ordinary schools. The County Council has in its building programme provision for new E.S.N. Schools and one is to be built at Crofton in the next year or two which should ease the situation in the future.

In addition to the above there were 85 E.S.N. children receiving special educational treatment in the ordinary school and one must wonder whether there are sufficient remedial teachers to cope with this sort of demand.

Pre-School Handicapped Children

The recording of Congenital Abnormalities continued during the year and 1,188 children were examined who were born between 1.12.62 to the 30.11.63. 26 children were found with abnormalities. This scheme was a stop gap one introduced as a temporary measure by the County Council and has now run down and is being replaced by the national scheme which began in the West Riding on the 1.2.64. Under the national scheme congenital abnormalities are notified by the midwife on the birth notification card, in addition to this a card index is kept in the Divisional Health Office of all children who are born with or develop a handicap either physical or mental which may be of such a degree as to necessitate special arrangements for the child's education. These children are closely supervised, frequently visited by the health visitors, and their reports are submitted to the Medical Officers who will eventually come to a decision re the best possible arrangements for every particular child.

CONCLUSION

The excellent relationship which exists between this department and the Headteachers has been maintained during the year and hardly a day passes without some consultation takes place over a particular child. A similar relationship exists between the department and the general practitioners whose permission is always readily forthcoming when the School Medical Officers recommend referral of the school child for a specialist opinion.

GENERAL PROVISION OF HEALTH SERVICES.

HOSPITALS

General Hospital Accommodation.

There are no hospitals within the Rural District, but reasonably adequate facilities are available in Wakefield, Dewsbury, and Leeds, under the administration of the Leeds Regional Hospital Board.

Isolation Hospitals.

Patients with infectious disease may be admitted to Snape-thorpe Isolation Hospital, Wakefield, Kendray Isolation Hospital, Barnsley or to Seacroft Hospital at Leeds. The latter hospital admits all cases of acute poliomyelitis from this area.

Maternity Hospitals and Maternity Homes.

Maternity hospital facilities are available at centres in Wakefield, Dewsbury and Leeds, and there is a maternity home in Walton. Priority is given to abnormal cases and to mothers living in conditions unsuitable for domiciliary confinement.

Hospitals Specialising in Mental Disorder

In addition to the Stanley Royd Hospital, Wakefield, Meanwood Park Hospital, Leeds and Westwood, Bradford, the Regional Hospital Board has now received Ministry of Health approval for the provision of a new hospital for mentally subnormal patients on a site adjacent to Pinderfields and Stanley Royd Hospitals, Wakefield. This hospital will have 480 beds of which 100 will be for children and 46 for adolescents. There will also be an "infirmary" unit of 20 beds for those subnormal patients suffering from acute medical or surgical conditions. A rehabilitation unit will be provided and in order to facilitate the close liaison with the Local Health Authority Services, accommodation is to be provided for the mental welfare staff. It is expected that work will commence on the hospital towards the end of 1968.

AMBULANCE SERVICE

The local ambulance service is provided by the West Riding County Council. All calls for the ambulance service should be made to the Wakefield Depot, Stanley Road, Wakefield, Tel. No. Wakefield 3731.

LABORATORY FACILITIES

The Public Health Laboratory at Wood Street, Wakefield (under the administration of the Medical Research Council of the Ministry of Health) accepts specimens for bacteriological, virological, entomological and chemical investigation from General Practitioners and Public Health Department Staff.

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply.

A total of 7,126 houses are on public supply.

The supply at Sitlington and West Bretton has occasionally been insufficient but has been improved.

In general the supply of water has been satisfactory both in quality and quantity.

Drainage and Sewerage.

The schemes still in preparation during the year were the re-design of the sewerage works at Crofton and the provision of works at Notton and at Brice Hill, Calder Grove.

Housing.

There is a total of 7,126 dwelling houses in the district, including 86 back-to-back houses.

During 1964 302 new houses were completed in the Wakefield Rural Area, 38 being provided by the Council and 264 by private enterprise.

There were 30 unfit houses officially represented in Clearance Areas during the year. Four houses not in clearance areas were demolished, 2 individual unfit houses were demolished, and 9 individual unfit houses closed under Section 17(1) of the Housing Act 1957.

Rent Act, 1957.

No certificates of disrepair were applied for or granted.

Grants for Conversion or Improvement of Housing

Accommodation.

During the year 118 formal applications were received for improvement and conversion works, all of which were approved. Of these, 111 were for discretionary grants, and 7 were for standard grants. A total of 54 houses were improved by discretionary grants, and 7 by standard grants during the year.

Nuisance Inspections.

Fifteen informal notices were issued and all but one were abated by the end of the year.

Sanitary Accommodation.

No. of houses provided with water closets	7072
No. of houses provided with waste water or trough closets	—
No. of houses provided with chemical closets	—
No. of houses provided with earth or pail closets	54
No. of earth closets, etc. converted to water closets ...	17
No. of earth closets demolished	1
No. of houses served with earth closets, etc., due to lack of sewer or water facilities	54

During the year one notice was served under Section 47 of the Public Health Act 1936 to secure conversion of earth closets. Grants were made as required.

Public Cleansing.

This is in operation throughout the whole of the district. Bins and pails are emptied weekly as far as possible. Privies are emptied weekly or fortnightly depending on local circumstances.

The paper sack system of refuse storage and collection was further extended by 1,091 units, bringing the total properties now in this system to 1,868, and now includes the whole of the parishes of Woolley, Bretton, Walton and parts of the parishes of Sharlston, Heath, Crofton, Notton, Sitlington and Crigglestone.

This is the only system which ensures a dustless collection from door to vehicle. Experience of the system has been favourable, and extensions to it are planned.

Disposal of Refuse.

All refuse in this area is disposed of by controlled tipping.

Food Premises.

There are, in the district, 120 premises, retailing food, including works canteens of which there are a further seventeen premises.

Eleven premises are butchers shops, seventeen are fish and chip shops, and five are bakehouses.

A total of 448 inspections and visits were carried out during the year under Food Hygiene and Meat Inspection Regulations. Foods condemned, and meat unfit for human consumption were disposed of either by collection by the manufacturers of fertilisers or buried on the refuse tip.

Ice Cream.

Under Section 16 of the Food and Drugs Act, 1955, 37 retailers are registered for the sale of ice cream.

Processed, Preserved and Manufactured Meats.

Under Section 16 of the Food and Drugs Act, 1955, twelve premises are registered for the production or sale of processed, preserved, pickled and manufactured meat.

Prevention of damage by Pests Act, 1949.

Under this Act a total of 101 inspections were made and 153 cases of infestation were dealt with during the year.

Swimming Baths and Bathing Pools.

There are no swimming baths or bathing pools in the area.

Clean Air Act.

Eighty observations and inspections were undertaken. Where any breach of the Act occurred the offenders were immediately informed and the suitability or otherwise of fuels, techniques and plants established.

Improvements to existing plant have been, and are being effected at collieries within the area.

Meat Inspection.

The following table gives details of the carcases and offal inspected and condemned in whole or in part:—

	Cattle, excl. Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	418	1	—	1038	5	—
Number inspected	418	1	—	1038	5	—
All diseases except Tuberculosis and Cysticerci						
Whole carcases condemned	—	—	—	6	—	—
Carcases of which some part or organ was condemned	62	—	—	4	3	—
Percentage of the number inspected affected with disease other than tuberculosis & cysticerci	14.8%	—	—	1%	60%	—
Tuberculosis only						
Whole carcases condemned	—	—	—	—	—	—
Carcases of which some organ or part condemned	—	—	—	—	—	—
Percentage of the number inspected affected with tuberculosis ...	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Cysticercosis						
Carcases of which some part or organ was condemned	—	—	—	1	—	—
Carcases submitted to treatment by refrigeration	—	—	—	—	—	—
Gen. diseased and totally condemned	—	—	—	—	—	—

**ANNUAL REPORT OF THE MEDICAL OFFICER OF
HEALTH IN RESPECT OF THE YEAR 1964 FOR THE
WAKEFIELD RURAL DISTRICT IN THE COUNTY
OF YORKSHIRE**

**Prescribed Particulars on the Administration of the
Factories Act, 1961**

PART I OF THE ACT

1—INSPECTIONS for purposes of provisions as to health
(including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspection s (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	5	1	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	40	11	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
Total ...	45	12	—	—

2—Cases in which DEFECTS were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work) ...	—	—	—	—	—
Total ...	—	—	—	—	—

PART VIII OF THE ACT

OUTWORK

(Section 110 and 111)

Nature	Section 110			Section 111		
	No. of outwork ers in Aug. list required by Section 110(1) (c)	No. of cases of default in sending lists to the Council	No. of Prose- cutions for failure to supply lists	No. of instan- ces of work in unwhole -some premises	Notices Served	prose- cutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing, apparel Making, Cleaning and Washing, etc.	2	—	—	—	—	—

